

Steven Sepe

From: Douglas Itkin <douglas.itkin@gmail.com>
Sent: Thursday, March 6, 2025 10:00 PM
To: House Health and Human Services Committee
Subject: support for 2025 H. Bill 5173

Douglas itkin
Rhode Island citizen in support of H. Bill 5173
Testifying in person during committee meeting on Thurs. 3/06/2025

Submitting the following emailed testimony:

WHO I AM:

My name is Douglas Itkin. I'm a citizen of Rhode Island and I strongly support RI House Bill H5173. I am a person living with Type 1 diabetes (T1D), so I thought it would be important for this committee to hear from someone who lives with the disease and will benefit from this legislation to cap the cost of diabetic supplies.

I was diagnosed with Type 1 Diabetes (T1D) 10 years ago at age 48, without having any prior symptoms in my life, and feel fortunate that I didn't get sick as a child. My body no longer makes insulin and without insulin the sugar continues to accumulate in my blood. So I rely on artificial insulin every day to keep my blood sugar within a healthy range and actually stay alive. Without any insulin people with T1D will go into a coma after a few days and then die within a week or two. Even with insulin, T1D reduces life expectancy by an average of 10 years. In many studies, it's been proven that the best therapy for people with T1D is continuously monitoring blood sugar (CGM) and using a wearable pump for multiple daily doses of insulin, in comparison to separate test strips and shots with a separate syringes.

WHAT I USE:

Currently, I use a CGM (continuous glucose monitor), so I can see my blood sugar level at any time, and alarms go off even while sleeping to keep me safe. I use a wearable insulin pump to continuously dose insulin. I change the glucose monitor every 10 days, and change the pump every three days. I use test strips to calibrate the monitor. There's a cellphone app to manage actually pumping the insulin. The pump and CGM that I use communicate with each other in a closed loop system, which maintains my blood sugar range automatically except for manual adjustments that I calculate for meals. By using these devices, I'm able to work all day without distractions and sleep comfortably all night.

RISKS:

Even with a CGM and Insulin Pump, blood sugar levels can drop for many reasons, including too much artificial insulin, not enough food, exercise, etc. Personally I feel the symptoms of low blood sugar, but many people don't and they can lose consciousness / go into a coma, so Glucagon can revive them and save their life. Some people say the longer you have T1D, the less you feel the symptoms of low blood sugar, it's possible that I will need Glucagon in the future. I already carry it daily as a back up now, but would love to not have to pay the high cost for it.

IMPACT:

So I'm testifying today for my benefit, but also for all the people with diabetes and many who can't afford to pay for Glucagon. Providing the Glucagon is similar to providing Narcan for drug overdoses...the Glucagon can revive a person with low blood sugar. Bottom line: providing primary prevention at subsidized prices will pay dividends by increasing productivity and decreasing long term risks.

Sincerely,
Douglas Itkin
170 9th St
Providence, RI 02906
401-451-8011
douglas.itkin@gmail.com